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ABSTRACT

Participants in this conference represented Federal offices and agencies involved in health promotion and education efforts in public schools. The goals of the conference were to share information, to encourage effective use of existing Federal activity, to prevent duplication of effort, and to increase cooperative planning. Detailed information about their current involvement in school health promotion and education programs was submitted by participating agencies. This report summarizes the viewpoints and issues which emerged during discussions and roundtable presentations. Transcripts are included of major presentations to the conference by: (1) Margaret Heckler, Secretary of the Department of Health and Human Services; (2) Terrell H. Bell, Secretary of the Department of Education; (3) Wendy Borcherdt, Acting Deputy Undersecretary for Intergovernmental and Interagency Affairs, Department of Education; (4) James Mason, Director, Utah Department of Health; and (5) Murl Anderson, Superintendent, Roseburg Schools, Oregon. The names of agency representatives participating in the conference are also listed. (JD)

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INTERAGENCY MEETING ON HEALTH PROMOTION THROUGH THE SCHOOLS

ED232982

SUMMARY REPORT

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Coordinated by the Office of Disease Prevention and Health Promotion

SP022-834

INTERAGENCY MEETING ON HEALTH PROMOTION THROUGH THE SCHOOLS

Sponsored by the Department of Health and Human Services
and the Department of Education

Auditorium
Hubert H. Humphrey Building
Washington, D.C.

March 24-25, 1983

SUMMARY REPORT

The Interagency Meeting on Health Promotion Through the Schools, cosponsored by the Department of Health and Human Services and the Department of Education, was held on March 24-25, 1983, in Washington, D.C. Participants represented Federal offices and agencies involved in health promotion and education efforts in the Nation's public schools. The goal of the conference was to share information to encourage effective utilization of existing Federal activity, prevent duplication of effort, and increase cooperative planning in health promotion through the schools. To accomplish this goal, three specific conference objectives were stated:

- To collect and share information on Federal programs designed to promote good health practices among youth (health education, school health services, and healthy school environments).
- To encourage coordination of activities in school health promotion.
- To make recommendations for future directions in school health promotion activities.

The agenda for the conference (Attachment 1) embodied several key features. The 2-day meeting opened with remarks from the Secretaries of the Department of Health and Human Services and the Department of Education. Statements on the current status of health promotion activities in schools were given by the Deputy Assistant Secretary for Health, DHHS, and Deputy Undersecretary in the Department of Education. Following these addresses, the first day was devoted to panel presentations by representatives from Federal agencies. On the second day of the conference, speakers representing Federal, State, and local levels of government addressed the role of the Federal Government in school health promotion efforts. The final portion of the conference was devoted to working group sessions, in which participants convened to develop recommendations on future activities and coordination of school health promotion by Federal agencies. Participants were also asked to evaluate the conference and these results are presented in Attachment 5.

Approximately 140 persons, representing eight major departments of the Federal Government and several State and local agencies involved in school health promotion, attended the conference. A roster of participating agencies

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appears as Attachment 2. A list of individuals participating in the conference is included in Attachment 6.

Participating agencies provided detailed information about their current involvement in school health promotion and education programs that formed the basis for a working document distributed to conference participants and included:

- A brief statement on the agency's mission in school health promotion.
- A list of current activities in school health promotion, including the following information for each project/activity:
  - Project/activity title.
  - Name, address, and telephone number of agency contact person.
  - Activity category.
  - Anticipated years of operation.
  - Target group.
  - Brief description of project/activity.

OPENING STATEMENTS

Dr. J. Michael McGinnis, Deputy Assistant Secretary for Health, DHHS, delivered the opening remarks. He described the conference as a "pathfinding meeting," in which participants would work together to find effective ways of cooperating while promoting information about health. The eight departments and more than 40 agencies represented at the conference indicated a "firm commitment to realizing the gains which are possible" in health promotion activities, he said.

Mrs. Margaret Heckler, Secretary of DHHS, noted that the conference marked the first time that the diverse agencies represented at the meeting had pooled efforts to improve health promotion and education in schools. The Secretary pledged that Health and Human Services will be in "the front-lines" on this important effort. Her remarks focused on the problem of alcohol abuse among teenagers and young adults, which she cited as an area of priority for health promotion and education activities. Approximately 10,000 persons in this age group die yearly in alcohol-related traffic accidents. Just as vaccination programs and other medical technologies have been developed to limit or eradicate the major childhood diseases, Secretary Heckler said, health promotion and education efforts should be directed to reducing alcohol abuse and its consequences. The current campaign against drunk driving, led by many concerned teenagers and parents, is an example of such a collective effort.

Other health promotion efforts such as the Healthy Mothers/Healthy Babies and the Head Start programs were cited by the Secretary as examples

of coordinated health promotion activities and initiatives currently sponsored by DHHS.

Terrell H. Bell, Secretary of the Department of Education, spoke about health information as being the "most valuable" knowledge people can have. The challenge, he said, is deciding first what good health information is and, second, teaching that information so that individuals' lives are made healthier. Secretary Bell observed that the large number of people working in health and education-related occupations could serve as a significant force for health promotion and education efforts. As an example of past cooperation between the fields of health and education, Secretary Bell recounted the use of schools as locations both for classroom instruction and for mass vaccination and immunization projects. Schools also have participated in national health screening activities, he pointed out. The Secretary concluded by saying his Department is eager to cooperate in further health promotion and education activities.

THE CURRENT STATUS OF HEALTH PROMOTION THROUGH THE SCHOOLS

Ms. Wendy Borcherdt, Acting Deputy Undersecretary for Intergovernmental and Interagency Affairs, Department of Education, addressed the participants on the role currently given health promotion and education in school curricula. She observed that, concurrent with the decline in childhood diseases due to medical progress, there have been major gains in the area of equal opportunity in education. She said that now that such skills are more equally available to children, schools need to place more emphasis on improving the quality of students' lives. Teaching about health issues can accomplish that purpose, she said, as well as support education in basic skills. Ms. Borcherdt cited studies indicating gains in both reading aptitude and health knowledge made by children whose daily curriculum included health information. These gains, she said, were evidence that an integrated, complementary approach to health education was an advantage over separate, traditional health and hygiene curriculum approaches.

Despite positive results achieved through health education and the growing public awareness of healthy lifestyles, health curricula are not widely included in schools, Ms. Borcherdt said. Although 43 States include some health education in their programs, only 24 require such a course for high school graduation. Ms. Borcherdt urged that efforts be directed not toward the formulation of more new programs, but toward cooperation in using and applying existing programs.

Dr. McGinnis then spoke about the current status of child health and about the involvement of schools in influencing the health status of children. He listed the leading causes of death among various childhood age groups, pointing out that in children under the age of 14, the major threat to life has shifted from infectious diseases to accidents and chronic illnesses, such as cancer and congenital disease. He noted that, although the overall mortality rate has declined in this age group, it has risen among adolescents. The leading causes of death in this older age group, he said, are accidents, homicide, and suicide.

But mortality rates are not the only indicator of health needs, Dr. McGinnis said. He cited teenage pregnancy, alcohol and drug abuse, child abuse, and sexually transmitted diseases as other important health concerns among school-age children. In identifying services, he said, "it's not in the biological or environmental areas that the major problems are rooted, but in the behavioral and social areas. Hence, interventions such as health promotion and other social services loom very large." With health promotion an important child health service, schools become "the most important single influence outside the home."

Dr. McGinnis attributed the success of immunization programs to school cooperation and said that such cooperation also will be instrumental in achieving the 1990 health objectives for the Nation, as defined by DHHS. Of the 22 objectives in 15 health areas, he identified several as being related to the school environment and services. They include objectives in the following areas:

- Immunization.
- Sexually transmitted diseases.
- Accident prevention.
- Fluoridation.
- Smoking.
- Alcohol and drug abuse.
- Nutrition.
- Physical fitness and exercise.
- Stress control.

In these areas, Dr. McGinnis said, a wide range of services and accomplishments can be made through the schools. He concluded that "while school programs are--and ought to be--fundamentally local issues, it is incumbent upon us as national leaders to identify the possible and help catalyze at the local level" to successfully achieve the 1990 objectives.

THE CURRENT STATUS OF HEALTH PROMOTION THROUGH THE SCHOOLS: ROUNDTABLE PRESENTATIONS AND DISCUSSION

After the overview by Ms. Borcherdt and Dr. McGinnis, agency representatives met in panel discussions to describe school health promotion activities and methods of coordination currently in use among their agencies. Approaches and activities were as varied as the agencies represented.

Roundtable Presentations

Diane Vines, from the Office of the Undersecretary, Department of Education, moderated an eight-agency roundtable discussion. The agency presenters

were asked to raise issues related to health promotion through the schools, and participants were directed to the background document for information regarding activities.

- Ms. Barbara Wyatt, ACTION. Uses youths as volunteers to assist in its drug prevention initiative. Volunteers may work in health promotion activities as part of the Young Volunteers in ACTION Program, which works in the area of adolescent drug abuse.

- Dr. Georgia Neruda, Department of Agriculture. Administers school lunch programs. Will initiate a multimedia diet and fitness campaign, using the themes of "Fitness and Good Nutrition Go Together" and "Try a New Food Today." Involved in a variety of nutrition education projects.

- Col. Henry Fleming, Department of Defense. Uses complete health curriculum in Department of Defense schools. Alcohol and drug abuse programs are offered for both military personnel and their families. A dental caries program is geared toward dental health promotion.

- Mr. Stanley Kruger, Department of Education. Provides leadership training for school teams to assist them in solving their problems of substance abuse. Cooperates with other agencies in program validation and dissemination. Maintains clearinghouse (ERIC) for educational research and information. Major issues relate to (1) the application by schools of what has been learned through research and development activities; (2) the need to view health promotion objectives within the context of a school's overall educational goals; and (3) an appropriate Federal role that centers around research, dissemination, and providing leadership.

- Dr. Vincent McGugan, Department of State. Administers overseas American schools for nonmilitary personnel. Although the Department does not directly develop programs, it helps encourage the identification and use of local resources for families. The emphasis is on demonstrating American priorities; the utilization of health facilities and provision of health information are included in these priorities.

- Mr. Michael Smith, Department of Transportation. Develops and disseminates safety belt and child restraint educational materials for specific target audiences, K-12. In conjunction with professional organizations, guides research activities in vehicle occupant protection for development of curricula.

Dr. Glen Gilbert of the Office of Disease Prevention and Health Promotion (ODPHP) moderated the second roundtable, which featured agencies within the Department of Health and Human Services. Again presenters were asked to raise important issues from their perspective.

- Ms. Elaine Bratic, Office of the Assistant Secretary for Health. Coordinates information/education program development in prevention and health promotion, including identification and distribution of

materials for national health campaigns. Many of these activities relate to children and youth and the promotion of health-related activities in schools.

- Mr. Roy Davis, Centers for Disease Control. Supports the development of model curriculum projects. Mr. Davis said that design for many good programs and activities exist, but that the well-planned programs are infrequently being implemented locally.

- Dr. Jack Durrell, Alcohol, Drug Abuse, and Mental Health Administration. The three Institutes primarily conduct research on problems and issues associated with the use and abuse of alcohol and drugs and with mental health. An important role of ADAMHA is to interpret to the public the enormity of the public health consequences of the use of alcohol, drugs, and other addictive substances by our Nation's youth.

- Ms. Jane Jacobs, National Institutes of Health. Primarily conducts biomedical research. Some of this research focuses on issues and concerns related to the current and future health of children. Some Institutes also have a mandate for public information and education activities, including the dissemination of materials to target groups such as those in the school health field.

- Dr. Phyllis Stubbs, Office of Human Development Services. The health components of the Head Start program emphasize the provision of basic health maintenance and prevention services to preschool children. Other public sector agencies as well as agencies in the private sector are involved in these health service activities.

- Ms. Hope Frank, Food and Drug Administration. Responsible for providing information about food and drug products and thus gears its activities toward consumer education. Students are one of the target audiences in many of its education programs.

- Ms. Joann Gephart, Health Resources and Services Administration (HRSA). Plays a leadership role in providing programs and activities designed to improve health services and assure complete, continuous health care. Health planning is a major emphasis of HRSA's efforts. A major thrust of the agency's work relates to promoting health at all levels of society, including the school-age population.

- Dr. Donald Young, Health Care Financing Administration. As part of its Medicaid program, the agency administers the Early and Periodic Screening, Diagnosis, and Treatment Program, which is carried out with the cooperation of school systems.

(Detailed descriptions of agency involvement were provided in the conference working document.)

Discussion

The discussion centered on the various programs that had been described to participants. During the discussion it became apparent that an awareness

and knowledge of programs administered by other agencies is necessary to accomplish the conference objective of coordinating activities.

The question of a coordinating mechanism arose. Participants determined that some mechanism for information exchange and activity coordination among Federal agencies needs to be established. They agreed that creating an entirely new Federal mechanism, such as a committee or agency, might defeat the purpose of coordination by adding yet another bureaucratic duty to agency schedules. Instead, the use of existing or informal mechanisms was encouraged.

Another commonly voiced issue was local involvement in school health promotion activities. Participants wanted to know from their colleagues what experiences helped or hindered the transfer of information from the Federal level to local school systems. Also, participants emphasized the importance of identifying and addressing local needs and priorities. Local involvement, several discussants noted, is necessary for effective accomplishment of health service programs and school health promotion.

Other issues raised during the discussion concerned methods of effective, timely dissemination of information to other agencies and to communities and schools; program evaluation methods and criteria; approaches to health promotion and education (special audiences, integrated curricula, etc.); and the Federal role in several dimensions of school health promotion, including policy formulation, curriculum development, service delivery, and management.

Issues raised during these first-day discussions were considered again during discussions of Federal involvement in school health promotion and were used by the working groups, which met the following day, as the basis for defining recommendation areas.

PERSPECTIVES ON FEDERAL INVOLVEMENT IN SCHOOL HEALTH PROMOTION: EXECUTIVE, STATE, AND LOCAL VIEWS

In designing and delivering school health promotion programs on a nationwide basis, three levels of administration may be involved--Federal, State, and local. To gain a better understanding of how these three levels ought to interact to achieve effective planning and programming in school health promotion, there is a need to examine and define more clearly the appropriate role of each level. The conference sought to meet this need by examining the role of the Federal Government in school health promotion from the perspectives of the three levels of involvement. The perspective of the Executive Branch was presented by Robert B. Carlsen, Special Assistant to the President for Policy Development. Dr. James Mason, State Health Commissioner of Utah, provided a State's view. Dr. Murl Anderson, Superintendent of Roseburg Schools, Roseburg, Oregon, spoke on the attitude of local schools toward Federal involvement.

The overriding theme among the levels of government represented was the importance and meaning of local involvement. Defining school health promotion needs and cooperation among organizations--both local and State--were examples of areas in which local involvement was seen as crucial. Although there was general agreement on the necessity of defining and coordinating local needs,

the interpretation of how the Federal Government should be involved differed in some areas. The effectiveness of block versus categorical grants in funding school health promotion activities was one important difference.

The Executive Branch View

Mr. Carlsen defined the Federal role in school health promotion as "not much different from the Federal role in any other domestic program," he said. Decisions and priorities should be established at the local level. Mr. Carlsen identified the bases of this approach as a combination of the Jeffersonian value of decentralized government and of contemporary management practices.

Mr. Carlsen interpreted this approach to school health promotion as meaning that the Federal Government should be seen primarily as a resource for research and technical assistance when requested by State or local parties. Open communication is important in such an emphasis, he said, and he suggested that an Interagency Conference on School Health Promotion be carried out on a regular basis.

In response to questions, Mr. Carlsen spoke of block grants as an effective way to fund programs that are both high quality and specific to local needs. He also suggested that when seeking funding for school health promotion efforts, those involved should "try to tap existing organizations."

A State Health Commissioner's View

A State-level perspective on the Federal role was given by Utah State Health Commissioner Dr. James Mason. He, too, supported block grants as effective ways of funding school health promotion efforts. Dr. Mason also credited the Federal Government with providing leadership by establishing national priorities, such as the 1990 health objectives developed by DHHS, and by being accessible for new ideas and technical assistance.

The Commissioner, using examples from Utah's health promotion and education efforts, indicated that coordination among his State's agencies is vital to the success of Utah's programs. Coordination with the private sector also has been fruitful, he said. Among his examples he listed:

- Information on safety restraints, developed by the Education and Health Departments in conjunction with the Parent-Teachers Association.

- "If You Want to Dance," a sex education film focusing on male responsibility for pregnancy, made in cooperation with parents, who assisted with planning and production. Funding for the film was provided by the Utah State Health Department, a DHHS Family Planning Grant, and a Maternal and Child Health Block Grant.

- Family Health Tree, which helps identify genetic health problems (a common problem in Utah) and was funded through a private foundation in cooperation with the Utah State University Medical School.

Dr. Mason urged other States to develop similar coordinated programs. The appropriate Federal role in such coordinated programs, Dr. Mason said, in addition to leadership, should be to provide funds to be used at the States' discretion. He also identified general health policymaking and national coordination of programs as the proper domain of the Federal Government in health promotion through the schools.

A Local School District's View

Dr. Murl Anderson agreed with Dr. Mason and Mr. Carlsen that local decisionmaking and input are crucial to successful health promotion efforts. However, he urged participants to believe that "what you do here in Washington, D.C., is vitally important to us who direct the operation of local schools."

The superintendent identified eight areas in which he perceived Federal involvement as being instrumental for successful health promotion efforts:

1. Assistance in coordination. Centralized coordination facilitates access to information and funding sources. In decentralization, he said, responsibility for information dissemination gets shuffled and finally lost until the purpose of the organization no longer is served.

2. Teacher preparation. More qualified teachers are needed if health education is to be both accurate and of high quality, he said. Federal assistance in providing inservice training to teachers in the field would be useful, and continued funding of student aid programs for higher education would be helpful in maintaining a teacher supply.

3. Information dissemination. Federal agencies can serve as resources to local school systems for materials and new research results.

4. Evaluation. The Federal Government can assist by evaluating, publishing, and distributing information about effective health promotion and education programs.

5. Promotion of positive lifestyle attitudes and health issues. The Federal Government can encourage public awareness of the importance of health in the schools and other environments.

6. Technical assistance and inservice training. Such programs as the Department of Transportation's driver safety program are useful, but could be made more effective with followup on how best to implement the programs.

7. Centralized leadership. The Federal Government can provide leadership in making health a priority issue in education and in everyday life.

8. Funding. Although Dr. Anderson agreed that incentive and seed money from Federal grants has been effective in beginning some programs, he questioned the effectiveness of block grant programs. In certain essential service areas, he said, priorities in the form of categorical grants must be established or "day-to-day survival" issues may predominate over equally important long-term issues.

Discussion

Following these remarks, Commissioner Mason and Superintendent Anderson answered questions from the participants about mechanisms for communication and coordination among local, State, and Federal governments. Dr. Mason pointed out that national campaigns initiated by the Federal Government could provide both leadership and funding, using as his examples Healthy People and the 1990 Health Objectives for the Nation effort. He said that Utah has followed the lead of the Federal Government in making health promotion a priority and has received block grant money to follow through on health promotion projects. Both men emphasized the need for focusing on the desired outcome of health promotion projects as a guide in coordinating efforts.

Both also noted that the schools can cooperate indirectly with Federal initiatives by allowing use of their facilities. An example cited was the implementation of laws barring children from school until proper immunizations had been received.

In a discussion of how Federal programs are implemented in local schools, the incorporation of sex education in the health curriculum in his school system by parental choice was cited by Dr. Anderson as an example of local involvement. In relating his example, Dr. Anderson said he wished to indicate first that in some instances compromise was both necessary and possible and, second, that even at the local level, which is often referred to as the ideal decisionmaking place, conflicts may occur.

FUTURE DIRECTIONS IN SCHOOL HEALTH PROMOTION: WORKING GROUP DISCUSSIONS

Participants convened into four working groups to identify issues in health promotion and to make recommendations for future actions or goals. A roster of working group participants is presented in Attachment 3. Reports of each group's session are presented in Attachment 4.

Summary of Working Group Recommendations

The recommendations of the working groups reflected the diversity of the participants. However, several common themes emerged from the groups. These themes included coordinating mechanisms, publicity and information dissemination, and general problem-solving needs. The recommendations of the working groups are summarized below in relation to these two areas.

Coordinating Mechanisms--Formal and Informal

- Establish a mechanism that would promote sharing expertise and knowledge among agencies on an ongoing basis. Examples of areas where expertise and knowledge could be shared include:
  - Media approaches.
  - Evaluated programs.
  - Methods of influencing schools.

- Gaining access to schools.

- Identification of appropriate data bases and materials.

Such a mechanism should address the need to use an existing Federal agency or office in collaboration and cooperation. Two suggested coordinating bodies that might serve this need are the Federal Interagency Committee on Education (FICE) and the Advisory Board on Intergovernmental Relations.

- Another suggested mechanism for coordination entailed followup meetings. Participants recommended the following options:

  - Arrange a regular annual meeting of persons such as the conference participants. The meeting would be designed to share new program information and to address mutual interests/problems.

  - Schedule ad hoc meetings of interested individuals.

- Prepare and produce a directory of Federal personnel involved in health promotion activities geared to school-age children. The directory should list the name, title, address, and phone number of the contact person, and each entry should be annotated with key phrases describing the areas of interest.

Publicity and Information Dissemination

Recommendations and issues related to publicity and information dissemination in the area of school health promotion included:

- Capitalize on existing information dissemination resources. As an example, the ERIC system serves as a major source of educational information, including school health education, and is widely disseminated.

- Participants are encouraged to identify and use existing newsletters and other media to highlight specific issues in school health promotion and health education.

- Publicize the interagency conference. A suggested method was to submit an article to Public Health Reports.

- Increase marketing and distribution of Healthy People and Promoting Health/Preventing Disease: Objectives for the Nation. Specifically, all participants need access to copies of the 1990 objectives and Healthy People materials.

- Identify and present separately the objectives for the school health promotion effort. Consolidate the varied objectives under the rubric of health promotion through the schools and give further visibility to this category of objectives.

- Identify and disseminate definitions of school health education. (Two reports by the Education Commission of the States, "Recommendations for School Health Education" and "State Policy Support for School Health Education" which define and explain school health education, are available from Educational Services, American Council of Life Insurance, 1850 K Street, N.W., Washington, D.C. 20006.)

ATTACHMENT 1

INTERAGENCY MEETING ON HEALTH PROMOTION THROUGH THE SCHOOLS

Auditorium
Hubert H. Humphrey Building
Washington, D.C.

March 24-25, 1983

AGENDA

Thursday, March 24

8:00 a.m.	Social Time--Auditorium Lobby
	Distribution of Document on Current Federal Activity in Health Promotion in the Schools
9:00 a.m.	Opening Comments J. Michael McGinnis, M.D. Deputy Assistant Secretary for Health, Department of Health and Human Services
9:05 a.m.	Welcome Margaret Heckler Secretary, Department of Health and Human Services Terrell H. Bell Secretary, Department of Education
9:30 a.m.	Introductions and Review of Meeting Format Glen G. Gilbert, Ph.D. Office of Disease Prevention and Health Promotion
	THE CURRENT STATUS OF HEALTH PROMOTION THROUGH THE SCHOOLS
	SCHOOL HEALTH EDUCATION Wendy Borcherdt Deputy Undersecretary for Intergovernmental and Interagency Affairs, Department of Education
	SCHOOL HEALTH SERVICES AND A HEALTHY SCHOOL ENVIRONMENT J. Michael McGinnis, M.D.
10:30 a.m.	Break
10:45 a.m.	ROUNDTABLE PRESENTATIONS AND DISCUSSION

Thursday, March 24 (continued)

Moderator
Diane Vines, Office of the Undersecretary,
Department of Education

1. Georgia Neruda, Ph.D., Department of Agriculture
2. Col. L. H. Fleming, M.D., Department of Defense
3. Stanley Kruger, Department of Education
4. Vincent McGugan, Ph.D., Department of State
5. Michael Smith, Department of Transportation
6. Barbara Hyatt, ACTION

12:45 p.m. Lunch Break

2:00 p.m. ROUNDTABLE PRESENTATIONS AND DISCUSSION

Moderator
Glen G. Gilbert, Ph.D.
Office of Disease Prevention and Health Promotion,
Office of the Assistant Secretary for Health,
Department of Health and Human Services

1. Elaine Bratic, Office of the Assistant Secretary for Health
2. Roy Davis, Centers for Disease Control
3. Jack Durell, M.D., Alcohol, Drug Abuse, and Mental Health Administration
4. Jane Jacobs, National Institutes of Health
5. Phyllis Stubbs, Office of Human Development Services
6. Hope Frank, Food and Drug Administration
7. Joann Gephart, Health Resources and Services Administration
8. Donald Young, M.D., Health Care Financing Administration

Friday, March 25

8:00 a.m. Social Time--Auditorium Lobby

9:00 a.m. Welcome Back--Introductions
Diane Vines
Department of Education

9:10 a.m. THE FEDERAL ROLE IN SCHOOL HEALTH PROMOTION: THE EXECUTIVE BRANCH VIEW
Robert B. Carlsen
Special Assistant to the President for Policy Development

Friday, March 25 (continued)

9:30 a.m.	THE FEDERAL ROLE IN SCHOOL HEALTH PROMOTION: A STATE HEALTH COMMISSIONER'S VIEW James Mason, Ph.D. Director, Utah State Department of Health THE FEDERAL ROLE IN SCHOOL HEALTH PROMOTION: A LOCAL SCHOOL DISTRICT'S VIEW Murl W. Anderson, Ph.D. Superintendent, Roseburg Schools, Oregon
10:30 a.m.	QUESTIONS, SUMMARY, AND WORKING GROUP ASSIGNMENTS
10:40 a.m.	Break
11:10 a.m.	WORKING GROUPS 1. Discuss Issues 2. Consider solutions and recommendations

INTERAGENCY MEETING ON HEALTH PROMOTION THROUGH THE SCHOOLS

AGENCY PARTICIPATION

Agency			Attendees
Department of Agriculture			1
Department of Defense			4
Department of Education			23
Department of Health and Human Services			53
Office of Human Development Services	2		
Public Health Service	51		
Office of the Assistant Secretary for Health		11	
Alcohol, Drug Abuse, and Mental Health Administration		7	
Centers for Disease Control*		2	
Food and Drug Administration		4	
Health Resources and Services Administration		12	
National Institutes of Health		11	
Health Care Financing Administration		4	
Department of the Interior			1
Department of Justice			0
Department of State			1
Department of Transportation			7
Environmental Protection Agency			0
ACTION			2
Other Non-Federal Agencies			8

*CDC participation was limited due to a snowstorm in Atlanta, which closed the airport.

INTERAGENCY MEETING ON HEALTH PROMOTION THROUGH THE SCHOOLS

Working Group Participants

NAME	AGENCY AFFILIATION
Working Group One	
Ola Hays Clarke	National Institute of Education
Leah Cates	Prospect Associates
Eleanor Crocker	BHP/HRSA/PHS/DHHS
Dorothy Blackburn-Jefferson	NHLBI/NIH
LeRoy W. Dunn	NHTSA/DOT
Lee Gigliotti	NCI/NIH
Margaret Brenner	ED
Working Group Two	
Michael F. Smith	NHTSA, NRD-41
Gordon Mutter	Health Promotion Directorate/Health and Welfare Canada
Robin Mockenhaupt	National Center for Education in Maternal and Child Health
Gary T. Butler	NHTSA/DOT
Elaine Kroe	OVAW/ED
Ruth Kay	Mental Health Ed./NIMH/ADAMHA/DHHS
Joann Gephart	Division of Maternal and Child Health BHCDA/HRSA/DHHS
Robert C. Kreuzburg	Indian Health Service/HRSA/DHHS
Audrey F. Manley	Office of Administrator, Clinical Affairs HRSA/DHHS
Linda Jones	National Diffusion Network, ED
Jane Jacobs	NHLBI/NIH
Stephen Leeds	HCFA
Lloyd J. Kolbe	ODPHP
WORKING GROUP Three	
Phyllis Stubbs	HDS
Elsie Sullivan	BHCDA/HRSA/DHHS
Sonia M. Lion Reig	BHCDA/HRSA/DHHS
Mary Ellen Quick	MHEB/NIMH/DHHS
Pat Roseleigh	Indian Health Service/HRSA/DHHS
Carol Vetter	Office of Medical Devices/FDA/DHHS
Marilena Amoni	NHTSA/DOT
Janalee Sponberg	Department of Defense/Dependent Schools
Brian Vogt	ACTION/Volunteer Drug Prevention Program
Elaine Darivoff	Prospect Associates
Elaine Stone	NHLBI/NIH
Sidney Wolverton	ADAMHA

Working Group Four

Marland Koomsa	Indian Health Service/HRSA/DHHS
Alice T. Meyer	Division of Nursing/HRSA/DHHS
David Sleet	NHTSA/DOT
Helen Lotsikas	BHPr.DNNEB/HRSA/DHHS
William Hiscock	HCFA/DHHS
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WORKING GROUP REPORTS

Working Group One (Facilitator: Margaret Brenner, ED)

The working group addressed issues identifying both information networks and coordinating mechanisms. Particular emphasis was placed on tapping existing mechanisms instead of adding others to the many Federal committees and agencies.

During the discussion, the group identified several areas they felt should be considered in formulating recommendations for coordination of school health promotion activities:

- Definitions of health promotion should be agreed upon by the various agencies.
- Dissemination networks commonly used by health providers and educators should be identified.
- When developing school health promotion programs, acknowledgment and attention should be given to the differing population groups being served. Specifically, attention should be paid to multiethnic factors, such as religous, cultural, economic, psychosocial, and environmental characteristics.

With these considerations as background issues, the working group offered the following recommendations:

- Explore the use of the Federal Interagency Committee on Education (FICE) as a mechanism to identify collaborative areas among agencies.
- Explore the use of the Advisory Board on Intergovernmental Relations as a coordinating mechanism for school health promotion activities at the Federal level. Preliminary information should be sought on whether the Board has the time, resources, and interest necessary to serve in this capacity.
- Identify and use existing newsletters to highlight specific issues in school health promotion and health education.
- Capitalize on existing DHHS information resources. The National Institutes of Health was cited as an example of a resource for information on health issues that is shared with the public and with agencies through its public information programs.

Working Group Two (Facilitators: Joann Gephart, HRSA; Jane Jacobs, NHLBI)

The initial discussion of coordinating efforts among Federal agencies centered on on-line systems, such as ERIC and informal information networks. Participants noted, however, that the latter often are disrupted by changes in staff.

Discussion then turned to methods for keeping networks intact, or formalized. A directory used in Canada was cited as an example. The

directory lists professional health educators who work with children and teenagers. A professional profile of the educator is given, and the entry is cross-referenced according to health areas. The information is held in a computerized data base. Working group members discussed using the conference working document as the basis for a similar directory of U.S. Government programs pertaining to health promotion and education.

There was some concern that information also should be shared in the planning stage, before programs are final. Such sharing, it was reasoned, could encourage cooperation at a more effective stage in the program process. It was suggested that a coordinating committee could circulate standard forms about projects in order to get feedback from various agencies and individuals.

In discussing a mechanism for meeting, the October ASHA meeting was suggested. A Federal, State, and local cooperative session was suggested as one opportunity for planning and information exchange.

After discussion and various suggestions, the working group made the following recommendations, with considerations as noted:

- Prepare and produce a directory of Federal personnel involved in health promotion among school-age children. The directory should list the name, title, address, and phone number of the contact person. Each entry should be annotated with key phrases describing the areas of interest in school health promotion.

  Questions raised by the recommendation concerned:

  - Who and what agency, office, or department is responsible for preparing and producing such a document? ODPHP was suggested as one possibility.

  - How often would the directory be updated? Suggested cycles were every 6 months, yearly, and as needed.

- Arrange a regular annual meeting of the contacts listed in the proposed directory. The meeting would be designed both to share new program information and to address mutual interests and problems.

- Schedule ad hoc meetings of interested individuals.

Working Group Three (Facilitators: Elaine Stone, Ph.D., NHLBI; Sidney Wolverton, ADAMHA)

Working group members first discussed various aspects of interagency coordination. General support for conference followup was noted, as were the following recommendations:

- Develop a mechanism to inform individuals about health promotion efforts in the area of school health promotion.

- Establish an ongoing Federal agency coordinating committee for school health promotion.

- Establish a mechanism that would promote sharing of expertise and knowledge among agencies in such areas as media approaches, evaluated programs, and methods of influencing schools and gaining access to schools.

- Publicize the interagency conference through such means as publication of an article in Public Health Reports.

The working group acknowledged several good examples of coordination in current practice that could serve as models for future promotional activities. The examples cited were the Healthy Mothers/Healthy Babies campaign, which illustrates coordination among Federal, State, and local governments as well as among public and private health delivery facilities. The teenage drinking and driving campaigns also were cited as a good model.

The working group also raised the issue of increasing awareness of the 1990 health objectives for the Nation developed by DHHS. Questions and recommendations in this area were:

- Increased marketing and distribution of Healthy People campaign materials. Specifically, all participants need copies of the 1990 health objectives and Healthy People materials.

- Address the issue of gaining more participation from all segments of society in implementing the 1990 objectives.

- Identify and present separately the objectives related to school health promotion, consolidate the objectives under the rubric of school health, and give further visibility to this category of objectives.

- Clarify and disseminate definitions of school health promotion and health education, with consideration of such issues as how broad the definition should be, what is meant by comprehensive education, and what are the elements of health promotion and education.

The role of the Federal Government in school health promotion received specific attention from the working group. It was generally acknowledged that the role is primarily one of leadership and that in providing such leadership, specific objectives should be to:

- Stimulate a partnership among Federal, State, and local levels of government, as well as between public and private sectors.

- Operate as a catalyst for local programs. Examples that already have been implemented are campaigns relating to physical fitness and alcohol and drug abuse, both of which were identified as national concerns.

- Explore the possibility of a national effort, such as the International Year of the Handicapped, to focus on health promotion/education for youths as a national priority.

- Develop a Federal implementation plan for health promotion activities to be distributed to States. The plan would be based on each agency's goals for health education, which then would be compiled as a plan for distribution.

The working group also addressed the issue of how efforts of the Centers for Disease Control and Office of Disease Prevention and Health Promotion will involve the private sector in implementing the 1990 objectives. It was suggested that the objectives be related to the National Center for Health Education meeting. Participants also emphasized the need for involvement of families in health education programs. The conference working document was cited as a valuable resource, and the group expressed the hope that it would be regularly updated.

Working Group Four (Facilitator: Roy L. Davis, CDC)

The working group's discussion centered on two basic issues: 1) how to improve communication and cooperative endeavors among Federal agencies and staff active in school health programs and 2) how to maintain the momentum and extend the benefits initiated in this meeting.

The following points emerged from the discussion:

- ODPHP, the Department of Education, and the other Federal agencies that participated in this meeting should continue to pursue the stated objectives.

- A planning or steering committee should review the accomplishments and recommendations to date and meet regularly to promote the achievement of common goals in school health.

- Periodic meetings such as this one should be held to continue the dialogue and share information. The "TOPPE Model" was strongly suggested as being the most practical and effective. Some of the characteristic elements included:

  - Keeping bureaucratic elements to a minimum.

  - Seeking participation and attendance by staff who are most intimately involved in school health-related work.

  - Holding informal meetings every 2 or 3 months.

  - Compiling a listing of such interested people who participate in sessions, and sending them simple announcements of the next session and a brief informal report of what happens at each session.

  - Attendees carry responsibility for contributing highlights of their agency's activities to the group.

  - Chairmanship and tasks associated with the sessions are rotated.

- Occasionally a special presentation by a non-Government participant is invited because of an especially significant event or circumstance.

- Lists of the attendees are maintained, updated, purged, and circulated to listees periodically.

- Emphasize participants' use of all possible means to communicate and share materials among themselves and with their constituents in conducting business associated with this mission.

Other points made during the discussion were:

- The 2-day session has evidenced substantial interest, involvement, and concern regarding school health on the part of many Federal organizations.

- State and local constituents of the various Federal programs, private sector organizations at all levels, and concerned citizens nationwide consistently reiterate an important role to be fulfilled by Federal organizations regarding school health.

- Each Federal organization, in addition to its particular charge, area of expertise, and resources, has its constituency and established lines and procedures for communication and interaction with this constituency. These should be used to disseminate information resulting from the conference and in subsequent school health initiatives. These systems can frequently suggest ways and people who can provide onsite assistance.

- The publication and proceedings resulting from the meeting should be disseminated to the participating agencies with encouragement for each of them to make the information known to their constituencies through established channels.

- Work should continue to maintain and periodically update the "Inventory of Programs." A major point was made regarding maximal use of electronic capability entry, storage, and update of information and for moving toward on-line access to it. Also increased attention should be directed to informing key people (e.g., college/university staff, libraries, official State agency staff, voluntary and community lay personnel) of the existence of such information and how to access it.

CONFERENCE EVALUATION

Effectiveness of the conference was assessed through the use of an evaluation form distributed with the conference materials. Each participant was requested to complete a form anonymously. The form sought both open- and close-ended responses. The first three questions were designed primarily to gather the close-ended responses, while the final three were open-ended.

Questions and Responses

Thirty-seven forms were completed and returned to ODPHP. A summary of responses is given below, with each question addressed separately.

Question 1: Do you feel that this meeting has increased your understanding of the Federal role in school health promotion? (Response choices: Yes, No, Somewhat)

Responses to Question 1

All respondents said their understanding of the Federal role was increased at least somewhat. A majority--23 people, or 62 percent of those responding--gave an unqualified "Yes" to this question. The remaining 14 respondents said their understanding was "somewhat" increased.

In the open-ended "comments" portion of the question, several respondents named specific realizations they had gained concerning the Federal role in school health promotion. These included:

- Greater understanding of problems in coordinating many agencies.
- Possible contrasting views of Federal role, as presented in speeches by local and State officials.
- Vagueness of the Federal role as currently practiced.

One respondent noted that he/she "was astonished to learn the detail and breadth" of Federal involvement. Another wryly wrote, "I'm clear that they're/you're/we're not clear."

Question 2: Has this meeting provided you with at least one new contact for possible future coordination of activities? (Response choices: Yes, No)

Responses to Question 2

Almost all respondents (34, or 92 percent) said the conference had given them at least one new contact. Of the three who said no new contact was made, one commented that more time in the working group would have helped establish useful contacts.

Various comments about contacts were given by respondents. Not all contacts were described in terms of meeting people. One respondent noted "I came across publications that were similar to what I was working on that I can now use." Another wanted more followup opportunity, such as a directory of con-

- Survey of States to determine health promotion needs and perceptions of the Federal role in school health promotion.

- Published results and recommendations of the conference.

Question 5: What did we leave out? What questions went unanswered? What appropriate people were not invited, etc.?

Responses to Question 5

Responses to this question reflected variety, with little overlap. Some of the comments were:

- Participants should include more consumers, or those who directly work in school health promotion.

- Urban problems and their impact on school health issues should be addressed specifically.

- Model programs should be presented.

- Private sectors should be represented.

- State and local perspectives should be more geographically, racially, and ethnically distributed.

- An agreed-upon definition of health promotion and of health education should be delineated.

- Working group time should be longer.

Question 6: What was the best feature of the meeting?

Responses to Question 6

In response to this question, two features were named frequently. Eleven people named the second-day presentation concerning various views of the Federal role in school health promotion. Many of these specified Commissioner Morrison's and Superintendent Anderson's speeches as "the best feature." In another area, less focused on the specific conference program, 10 people said the opportunity for contact-making and information-sharing was the conference highlight.

Other features listed in response to this question included:

- Working group sessions.

- Demonstrated support by Secretaries Bell and Heckler.

- Working document.

- Discussion panels.

ATTACHMENT 6

INTERAGENCY MEETING ON HEALTH PROMOTION THROUGH THE SCHOOLS

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March 24-25, 1983

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INTERAGENCY MEETING ON HEALTH PROMOTION THROUGH THE SCHOOLS

MAJOR PRESENTATIONS

Margaret Heckler, Secretary of DHHS
Terrell H. Bell, Secretary of Department of Education
Wendy Borcherdt Acting Deputy UnderSecretary
for Intergovernmental and Interagency Affairs
Department of Education
James Mason, Director Utah Department of Health
Murl Anderson, Superintendent Roseburg Schools,
Oregon

Cosponsored by the
U.S. Department of Health and Human Services
and the
U.S. Department of Education

Coordinated by the Office of Disease Prevention and Health Promotion

Final

REMARKS PREPARED FOR T. H. BELL

U.S. SECRETARY OF EDUCATION

MEETING ON HEALTH PROMOTION THROUGH SCHOOLS

HHH BUILDING, AUDITORIUM - WASHINGTON, D.C.

MARCH 24, 1983

SECRETARY HECKLER, LADIES AND GENTLEMEN, GOOD MORNING. THANK YOU DR. MCGINNIS FOR YOUR KIND INTRODUCTION.

IT IS MY GREAT PLEASURE TO WELCOME YOU HERE THIS MORNING AND TO HAVE THE OPPORTUNITY TO JOIN YOU AS YOU CONVENE THIS FIRST INTERAGENCY MEETING ON HEALTH PROMOTION THROUGH THE SCHOOLS. I FEEL STRONGLY THAT THIS MEETING WILL BENEFIT OUR EFFORTS AT THE FEDERAL LEVEL TO PROMOTE A HEALTHIER NATION.

IN THE PAST FEW YEARS IT APPEARS THAT AMERICANS HAVE BEEN ON A HEALTH AND FITNESS CRAZE. THE BIKE PATHS AND PARKS ARE TEAMING WITH JOGGERS, BIKERS, AND HEALTH ENTHUSIASTS OF ALL SORTS. TELEVISION COMMERCIALS NOW PRAISE THEIR PRODUCTS FOR "HIGH FIBER, LOW FAT CHOLESTERAL AND LOW SALT." POSTERS AND BILLBOARDS REMIND US TO TAKE MEDICATION, "ONLY AS DIRECTED."

EVERY YEAR AMERICANS SPEND MILLIONS AND MILLIONS OF DOLLARS ON POTIONS THAT PROMISE TO, "RELIEVE POST-NASAL DRIP, CURE THE HEART-BREAK OF PSORIASIS, ABSORB 20 TIMES THEIR WEIGHT IN EXCESS STOMACH ACID, AND HELP YOU EAT LESS AND LOSE WEIGHT."

THE ONLY PROBLEM I SEE WITH THESE PRODUCTS IS THAT THEY ARE DESIGNED TO TREAT THE SYMPTOMS INSTEAD OF PREVENTING THE CAUSE. DIET AND EXERCIZE ARE ALSO FREQUENTLY USED AS METHODS OF CORRECTION RATHER THAN FOR THE CONTINUOUS MAINTENANCE OF GOOD HEALTH.

IZAAK WALTON ONCE WROTE A PIECE OF WISDOM THAT WE WOULD ALL DO WELL TO REMEMBER: HE SAID, "LOOK TO YOUR HEALTH; AND IF YOU HAVE IT, PRAISE GOD, AND VALUE IT NEXT TO A GOOD CONSCIENCE; FOR HEALTH IS THE SECOND BLESSING THAT WE MORTALS ARE CAPABLE OF; A BLESSING THAT MONEY CANNOT BUY."

HEALTH PROMOTION AND EDUCATION OUGHT TO BEGIN IN THE HOME. WHILE THIS IS THE OPTIMUM, I ALSO UNDERSTAND THAT IT CAN'T ALWAYS BE THE CASE. THEREFORE, THE SCHOOLS HAVE TAKEN ON THE IMPORTANT FUNCTION OF SUPPORTING HEALTH TRAINING AND PROMOTION.

IN THE PAST, OUR EFFORTS AT THE FEDERAL LEVEL AND THE EFFORTS OF LOCAL HEALTH SERVICE ORGANIZATIONS AND STATE AND LOCAL SCHOOLS TOWARD HEALTH PROMOTION HAVE NOT BEEN COORDINATED IN A WAY THAT PRODUCED OPTIMUM RESULTS. I SEE THIS MEETING AS

A REAL TURNING POINT FOR HEALTH PROMOTION IN THE SCHOOLS AT EVERY LEVEL I HAVE JUST MENTIONED. I AM VERY OPTIMISTIC ABOUT WHAT IS POSSIBLE THROUGH COMMUNICATION AND THE SHARING OF INFORMATION AND IDEAS.

YOUR INVOLVEMENT IN THIS MEETING CAN BE A CATALYST FOR INCREASED COOPERATION AT THE STATE AND LOCAL LEVELS. IF THE COORDINATION OF HEALTH PROMOTION PROGRAMS AT THE FEDERAL LEVEL IS FACILITATED THROUGH YOUR EFFORTS HERE, IT MIGHT WELL RISE AS AN EXAMPLE FOR OTHERS. FOR INSTANCE, MANY STATES CURRENTLY HAVE LITTLE OR INEFFECTIVE COORDINATION BETWEEN THE HEALTH SERVICE SYSTEMS PEOPLE AND THE HEALTH PROMOTION PEOPLE IN THE SCHOOLS. PERHAPS THROUGH HOLDING MEETINGS SUCH AS THIS AT THE STATE AND/OR LOCAL LEVEL, THEIR MUTUAL AND EXCLUSIVE GOALS IN THE AREAS OF PROMOTION IN THE SCHOOLS COULD BE REALIZED MORE EFFECTIVELY.

IN VIEWING THE ROLE OF HEALTH PROMOTION FOR THE DEPARTMENT OF EDUCATION, I SEE IT AS ONE CONSISTENT WITH THE IDEALS AND PRACTICES OF FEDERALISM. WE HAVE INCLUDED HEALTH PROMOTION FOR THE SCHOOLS IN OUR BLOCK GRANT PROGRAM TO THE STATES. IN DOING THIS WE HAVE FREED THIS PROGRAM FROM REGULATIONS AND CONSTRAINT

VIA THE FEDERAL GOVERNMENT. MANY STATES HAVE CHOSEN TO MAKE HEALTH PROMOTION PROGRAMS A PRIORITY IN THEIR SCHOOLS, OTHERS HAVE NOT. AT THE DEPARTMENT OF EDUCATION, OUR ROLE IS TO PROVIDE THE RESEARCH AND INFORMATION THAT STATES WANT TO MAKE THE DECISION THAT IS RIGHT FOR THEIR SCHOOLS.

MANY STATES ARE NOW UTILIZING MORE PRIVATE SECTOR INVOLVEMENT TO PROMOTE HEALTH PROGRAMS IN THEIR SCHOOLS. FOR INSTANCE, THE NATIONAL HEALTH SCREENING COUNCIL DEMONSTRATED THAT IT CAN DEVELOP PARTNERSHIPS WITH SCHOOLS, AS WELL AS WITH OTHER COMMUNITY AGENCIES, IN THE FIELD OF PREVENTATIVE HEALTH CARE. THE NATIONAL HEALTH SCREEENING COUNCIL IS AN OUTSTANDING EXAMPLE OF PUBLIC-PRIVATE PARTNERSHIPS AT THE LOCAL LEVEL WHICH ARE ACCOMPLISHED WITH NO FUNDS FROM THE FEDERAL GOVERNMENT. (SEE ATTACHMENT)

IN ORDER TO BE AN EFFECTIVE NATION, WE MUST BE A PRIMARILY HEALTHY NATION. WE HAVE ALL WITNESSED THE PANIC AN OUT OF CONTROL EPIDEMIC CAN CAUSE. EACH OF US HAVE A STAKE IN CREATING AWARENESS OF THE INFLUENCES ON OUR HEALTH. MOST OF US HAVE HEARD THE SAYING THAT "WITHOUT GOOD HEALTH, YOU HAVE NOTHING." I DON'T KNOW IF THAT IS COMPLETELY

TRUE BUT I DO KNOW HOW IMPORTANT GOOD HEALTH IS IN LIVING LIFE TO ITS FULLEST.

THROUGH RESEARCH SPONSORED BY NIE ON WHAT MAKES AN EFFECTIVE SCHOOL, IT WAS FOUND THAT: EFFECTIVE SCHOOLS REQUIRE A SCHOOL CLIMATE CONDUCIVE TO LEARNING; THAT IS A SAFE AND ORDERLY SCHOOL RELATIVELY FREE OF DISCIPLINE AND VANDALISM PROBLEMS.

I THINK WE COULD INCLUDE IN THAT STATEMENT A SCHOOL FREE OF EPIDEMIC HEALTH PROBLEMS OR CONCERNS. I BELIEVE MOST OF US CAN REMEMBER A TIME IN OUR SCHOOL YEARS WHERE A LARGE PERCENTAGE OF OUR CLASSMATES WERE ABSENT FROM SCHOOL BECAUSE OF AN ILLNESS THAT WAS "GOING AROUND." AND I KNOW WE CAN ALL REMEMBER A TIME WHEN WE SAT IN CLASS, NOT FEELING PHYSICALLY WELL, AND WERE UNABLE TO CONCENTRATE ON THE TEACHER OR THE CURRICULUM BEING TAUGHT.

AN OPTIMALLY EFFECTIVE LEARNING ENVIRONMENT REQUIRES A HEALTHY STUDENTBODY.

SOMEONE ONCE SAID TO ME, "THERE IS ABSOLUTELY NOTHING WRONG WITH MY HEALTH---EXCEPT THE BODY IT IS FOUND IN."

OUR SCHOOL BASED PROGRAMS ARE MAKING A TREMENDOUS IMPACT IN THE AREA OF HEALTH PROMOTION AND DISEASE PREVENTION. TO MAKE THESE PROGRAMS EVEN MORE EFFECTIVE, WE MUST COORDINATE ACTIVITIES AT THE FEDERAL LEVEL, AT THE STATE AND LOCAL LEVEL AND IN THE PRIVATE SECTOR.

I WANT YOU TO KNOW THAT THE DEPARTMENT OF EDUCATION SUPPORTS YOUR WORK HERE TODAY.

THIS IS A FINE EXAMPLE OF COORDINATION OF IDEAS AND EFFORTS TO PROMOTE A BETTER INFORMED AND HEALTHIER NATION.

I AM PLEASED THAT I COULD JOIN YOU TODAY AND I WISH YOU ALL THE BEST IN YOU DELIBERATIONS.

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Suggested Remarks for Secretary Heckler
Inter-Agency Meeting on Health Promotion
Through the Schools
March 24, 1983

Good morning, and welcome. I'm delighted to be able to greet all of you--my colleagues and I at Health and Human Services are honored to host this Inter-Agency Meeting on Health Promotion Through the Schools.

This meeting is a first. It's the first time that we have pooled our experience, ideas and talent and together pondered the role we can play <u>together</u> to improve health promotion through our schools.

I want to thank Secretary Bell for his Department's creative work in helping to make this groundbreaking meeting possible. And I want to single out for applause our Assistant Secretary for Health, Dr. Brandt, for the role he's played in bringing us all together here.

I'm the newcomer on the block, of course--although let me tell you that even 15 days as Secretary of this Department makes me feel pretty well-seasoned: I need no sermon--no seminar to convince me of the value of health promotion.

You have my blessing--my support, and my pledge that Health and Human Services will be in the front lines with you on this important educational front.

Our greatest investment is always the one we make in our children. And the investment we make in their health is one of the most beneficial of all--for them and for the Nation's future. The investment we make <u>today</u> in health promotion through our schools is one that will pay off for all of us.

In childhood and in adolescence, our young people learn the values and habits of a lifetime. Most of us, as parents, do the best we can to point and lead our children in the direction of good health. The schools are the natural ally of parents in this field. The home and the school should reinforce each other--bending the twig in the direction of sound nutrition, regular exercise, and all the other ingredients which constitute the catalog of a healthy lifetime.

Make no mistake about it--this is a furrow that needs plowing.

Documents research that in too many instances our youngsters simply do not meet the standards--"physically fit." One such study last year came to the sad and startling conclusion that less than half the children in America are now able to meet fitness standards which should be attainable by the average healthy younger person.

Furthermore, in a shocking number of cases, the precursors of chronic disease are already apparent in our teen-agers and even in grade school children. In fact, by the time they reach adolescence, as many as 40 percent of our children are estimated to have one or more of the risk factors associated with heart disease.

Of course, in tragic numbers the bells of America toll every single day of the week for young men and women who die or are disfigured in alcohol-related accidents. Alcohol abuse outranks every disease as the number one killer. Alcohol abuse is the number one killer of young Americans, aged 16 to 24. Some 10,000 16 to 24-year olds die in alcohol-related car crashes every year. And it's estimated that one in four 10th to 12th graders are drinking at least once a week. Six percent of 12th graders are drinking daily.

Those are the undisputed statistics--but they need not go unchallenged or unchanged. Here at HHS there have been special efforts over the past two years to make health promotion better understood by all our citizens--and to focus special efforts on our youngsters:

--You saw one of those special efforts when you came in today: posters by youth on the problem of alcohol abuse. Those posters are just one part of a larger effort--an effort that's being led by the teenagers themselves and by concerned parents. This weekend, I'll have the pleasure of addressing young delegates from across the country, gathered here in Washington for a special Secretary's Conference for Youth on Drinking and Driving.

--HHS is acting on a wide front to encourage all Americans to adopt healthier lifestyles. We want to make the fullest use of HHS programs to reap the rewards of health promotion activities.

--In our Head Start program, we're strengthening prevention activities including nutrition, dental health, accident prevention and medical screening. These are an important part of Head Start's goal of providing an equal start in life for our children.

--Likewise in our "Healthy Mothers, Healthy Babies" campaign, we're working with more than 50 private groups to explain healthier practices to pregnant women.

--And we've launched an annual awards program for health professions students, to help focus the interest of our future doctors and nurses on health promotion and disease prevention.

Those make a good start. But I believe that working together, we can do even more for our young people. We in government can't make decisions for our Nation's children. But we can help expand their options, and we can open their eyes, ears, and their minds to new opportunities for good health. Health promotion can add to the power they exercise over their own lives. It can add to the joy they take in living. It can add to the present and future good physical and mental health of the Nation.

And it is indeed one of the soundest investments we can make. It needn't cost a lot of money--although, over the years, it can certainly save a lot. Its real cost is our commitment--to work together...to seek new avenues...to care enough to make a difference.

That is your challenge today and tomorrow--and beyond, when these meetings are finished. I implore you to pursue it whole-heartedly. You will always have Margaret Heckler and this Department as your committed ally.

Ms. Wendy Borcherdt
Acting Deputy Undersecretary for
Intergovernmental and Interagency Affairs

U.S. Department of Education

March 24, 1983

CURRENT STATUS OF SCHOOL HEALTH
PROMOTION THRU THE SCHOOLS

I AM PLEASED TO BE WITH YOU THIS MORNING AS YOU BEGIN THIS TWO DAY SEMINAR ON HEALTH PROMOTION THROUGH THE SCHOOLS. EVEN THOUGH THIS PROGRAM AND THE SUBJECT OF SCHOOL HEALTH IS SO IMPORTANT, WE ALL HAVE A TENDENCY TO UNDERPLAY THE ROLE OF HEALTH IN OUR SCHOOLS. PERHAPS IT IS BECAUSE WE TAKE THIS FOR GRANTED. WE VIEW OUR CHILDREN AS ALWAYS BEING HEALTHY EXCEPT FOR A FEW DAYS OF DISCOMFORT WITH A SLIGHT COLD. IF YOU ASK THE AVERAGE SCHOOL-AGE CHILD ABOUT HEALTH, THEY WILL MORE THAN LIKELY TELL YOU, "OH, YEAH, WE HAVE TO TAKE THAT FOR SIX WEEKS INSTEAD OF PHYSICAL EDUCATION." STUDENTS VIEW HEALTH AS A ONCE-A-YEAR-SIX-WEEK SUBJECT SINCE VERY FEW SCHOOLS HAVE DEVELOPED A FULL CURRICULUM FOR TEACHING HEALTH IN THE SCHOOLS.

I AM REMINDED OF THE FATHER READING HIS SON'S SCHOOL REPORT CARD WHICH HAD JUST BEEN HANDED TO HIM. THE FATHER'S BROW WAS WRATHFUL AS HE READ: ENGLISH, POOR; FRENCH, WEAK; MATHEMATICS, FAIR", AND AS HE LOOKED AT HIS SON QUESTIONINGLY AS TO THE POOR GRADES, HIS SON SAID, "WELL, DAD, IT IS NOT AS GOOD AS IT MIGHT BE, BUT HAVE YOU SEEN

THAT?". THE SON POINTED TO THE NEXT LINE ON THE REPORT CARD WHICH READ: "HEALTH, EXCELLENT".

HOW MANY TIMES HAVE STUDENTS POINTED OUT TO THEIR PARENTS PROUDLY THEIR ONLY "A" WHICH WAS IN HEALTH, OR MADE A POINT OF STRESSING THE IMPORTANCE OF OUR HEALTH MARK, WHICH PROBABLY WAS HIGHER THAN OUR OTHER GRADES. WHAT WAS HEALTH WHEN WE WENT TO SCHOOL? THE TEACHER IN MANY CASES VISUALLY INSPECTED THE STUDENTS, HAIR, CLEAN; NAILS, CLEAN; BRUSHING OF TEETH, DONE REGULARLY; ALL VACCINATION SHOTS GIVEN; RESULT: STUDENT HEALTH - EXCELLENT!

WE HAVE COME A LONG WAY FROM THOSE DAYS. NOW SCHOOL HEALTH MEANS MUCH MORE. IT HAS COME TO MEAN THE ENVIRONMENT OF THE SCHOOL, THE ABILITY OF THE CHILD TO LEARN, GOOD HEALTH HABITS WHICH WILL CARRY ON TO ADULTHOOD, NUTRITION; AND MANY MORE ASPECTS TO OUR SOCIETY TODAY.

AN ANCIENT GREEK WRITER ONCE OBSERVED THAT "HEALTH AND INTELLECT ARE THE TWO BLESSINGS OF LIFE". THAT STATEMENT, ATTRIBUTED TO MENANDER, WHO DIED IN 291 B.C., HAS SURVIVED THE MISTS OF TIME WITH THE APPEARANCE OF FRESH THOUGHT BECAUSE IT IS STILL TRUE TODAY. HERE IN THE UNITED STATES WE PLACE HIGH PRIORITY ON BOTH THE PRESERVATION OF HEALTH AND ON THE DEVELOPMENT OF INTELLECTUAL POTENTIAL.

THE PROGRESS WE HAVE MADE IN BOTH AREAS WOULD MOST CERTAINLY ASTONISH THE ANCIENTS. FOR EXAMPLE, THAT GREEK WRITER DIED AT THE AGE OF FIFTY-ONE. TODAY, THE AVERAGE LIFE EXPECTANCY IN THIS COUNTRY IS SEVENTY-THREE YEARS. IN THIS AGE OF TEST TUBE BABIES, ROUTINE PLASTIC SURGERY, AND EVEN THE PLASTIC HEART, LITTLE SURPRISES US ANYMORE. INDEED, WE TAKE FOR GRANTED OUR SANITARY WATER SUPPLIES, FOOD STANDARDS, HOSPITALS, AND EVERYTHING ELSE RELATED TO HEALTHCARE FROM BOOSTER SHOTS TO BLOOD BANKS, JUST AS WE NOW TAKE A HIGH SCHOOL DIPLOMA FOR GRANTED AND PERHAPS EVEN POSTSECONDARY EDUCATION.

YES, WE HAVE COME A LONG WAY, BUT WE CANNOT BE CONTENT WITH WHERE WE ARE. AS THE POET, ROBERT FROST SAID, "WE HAVE MILES TO GO BEFORE WE SLEEP". IN EDUCATION, WE CONCENTRATED ON EQUAL OPPORTUNITY, AND WE HAVE ACHIEVED THAT. NOW, WE HAVE A PROBLEM WITH CURRICULUM AND STANDARDS; BOTH ARE SAGGING. THE PUBLIC IS DEMANDING A GREATER QUALITY OF EDUCATION AND RIGHTLY SO. NO MORE SOCIAL PROMOTION. PEOPLE WANT DIPLOMAS THAT MEAN SOMETHING.

ALL AROUND US THE EVIDENCE IS INCONTROVERTIBLE THAT AMERICANS HAVE ALSO BECOME VERY HEALTH CONSCIOUS. WITNESS THE FACT THAT JOGGING HAS BECOME A NATIONAL PASSION WITH AEROBIC DANCING RUNNING A CLOSE SECOND. HEALTH SPAS, ONCE AVAILABLE ONLY TO THE VERY WEALTHY HAVE SPRUNG UP IN SHOPPING CENTERS EVERYWHERE. VITAMIN SUPPLEMENTS ARE

COMMONPLACE IN AMERICAN KITCHENS. SHOPPERS PAUSE IN GROCERY STORES TO READ THE INGREDIENTS OF PACKAGED FOODS.

YES, WHEN IT COMES TO EDUCATION AND HEALTH, I THINK THE AMERICAN PUBLIC IS A VERY SAVVY AND INQUIRING PUBLIC, AND I THINK THE PUBLIC IS EXPECTING MORE OF SCHOOLS THAN EVER BEFORE.

AS THE LIFE EXPECTANCY FOR ADULTS HAS BEEN EXTENDED DRAMATICALLY DUE TO THE NEW MEDICATIONS AND INNOVATIVE MEDICAL TECHNOLOGY, THE INCREASING DEATH RATE AMONG OUR YOUNG PEOPLE HAS BECOME A MATTER OF GRAVE CONCERN. DR. MCGINNIS, OUR NEXT SPEAKER, RECENTLY WROTE AN ARTICLE IN HEALTH EDUCATION QUARTERLY AND NOTED THAT DURING THE CHILDHOOD AGES OF ONE TO 14, TRAUMATIC DEATH -- AUTOMOBILE ACCIDENTS, OTHER ACCIDENTS, SUICIDE, HOMICIDE -- IS NEARLY THREE TIMES AS LIKELY AS DEATH FROM CHRONIC DISEASES AND INFECTIOUS DISEASES. IN 1976, MORE THAN 10% OF DEATHS AMONG YOUNG PEOPLE WAS FROM SUICIDE. ADDITIONALLY, THE USE OF ALCOHOL AND DRUGS HAS INCREASED THE DEATH RATE SUBSTANTIALLY WITH YOUNG PEOPLE. IN ADDITION, TEENAGE PREGNANCY HAS RISEN MOST DRAMATICALLY.

WHAT DOES ALL THIS MEAN IN TERMS OF OUR SCHOOLS? I CERTAINLY AM NOT PROPOSING THAT THE SCHOOLS TAKE OVER HEALTH CARE FOR ALL STUDENTS -- NOR AM I PROPOSING THAT THEY CLOSE THEIR EYES TO THE EXISTING PROBLEMS. WHAT I AM PROPOSING IS

THAT SCHOOLS ADOPT A NEW AWARENESS TOWARDS THE HEALTH OF THEIR STUDENTS. EDUCATORS HAVE TO BE CONCERNED ABOUT THE HEALTH OF TEHIR STUDENTS SINCE IT AFFECTS THE STUDENTS' ABILITY TO LEARN.

FIRST, WE MUST LOOK AT THE CURRICULUM THAT IS OFFERED IN HEALTH EDUCATION. ONLY FORTY-THREE STATES RECOMMEND OR REQUIRE SOME AMOUNT OF HEALTH INSTRUCTION. TWENTY-FOUR STATES REQUIRE HEALTH EDUCATION AS A HIGH SCHOOL GRADUATION REQUIREMENT, AND ONLY THREE OF THOSE STATES REQUIRE A FULL YEAR OF HEALTH INSTRUCTION FOR GRADUATION. I AM NOT IMPLYING THAT THE FEDERAL GOVERNMENT MUST STEP-IN AND MANDATE HEALTH EDUCATION AT THE LOCAL AND STATE LEVEL SINCE THIS IS A PEROGATIVE OF EACH SCHOOL DISTRICT. WHAT I AM ADVOCATING IS THAT WE STRESS THE IMPORTANCE OF HEALTH EDUCATION AND INCORPORATE THIS STUDY IN OUR GENERAL CURRICULUM.

KERRY J. REDICAN PUBLISHED A STUDY ENTITLED: "HEALTH EDUCATION: A POSITIVE FORCE IN INCREASING THE READING SKILLS OF LOW SOCIOECONOMIC ELEMENTARY STUDENTS". IN THIS PARTICULAR STUDY, THERE WAS AN EXPERIMENTAL AND CONTROL GROUP OF LOW SOCIOECONOMIC STATUS STUDENTS IN GRADE 6 THAT WERE COMPARED FOR READING COMPREHENSION AND VOCABULARY SCORES. BOTH GROUPS HAD INTENSIVE INSTRUCTION FOR TWO HOURS PER DAY IN READING. THE EXPERIMENTAL GROUP HAD ONE HOUR A DAY OF INSTRUCTION IN HEALTH EDUCATION, USING THE HEART UNIT

OF THE SCHOOL HEALTH CURRICULUM PROJECT. THIS GROUP HAD A GREAT DEAL OF INTERACTION TO DISCUSS A VARIETY OF PRINTED MATERIAL AND THE DEVELOPMENT OF A VOCABULARY LIST.

THE EXPERIMENTAL GROUP GAINED THE EQUIVALENT OF THREE MONTHS PER YEAR ON THE BASIC SKILLS TEST. THE CONTROL GROUP ONLY GAINED TWO MONTHS. VOCABULARY SCORES WERE SIGNIFICANTLY BETTER FOR THE EXPERIMENTAL GROUP ALSO. IT WAS OBSERVED THAT THE EXPERIMENTAL GROUP USED THE UNABRIDGED DICTIONARY MORE OFTEN THAN THE CONTROL GROUP, AND CHECKED OUT MORE BOOKS FROM THE LIBRARY -- MAINLY IN SCIENCE.

THE STUDY SEEMS TO SUBSTANTIATE BASIC EDUCATIONAL RESEARCH THAT TIME ON TASK INCREASES ACHIEVEMENT, AND FURTHER THAT HEALTH EDUCATION CAN BE STRUCTURED TO SUPPORT THE ACHIEVEMENT OF BASIC SKILLS.

THERE ARE MANY OTHER EXPERIENCES AT ALL GRADE LEVELS TO EMPHASIZE THE TEACHING OF BASIC SKILLS WITH HEALTH EDUCATION. THE USE OF RECIPES NOT ONLY EMPHASIZES THE BASIC FOOD SUPPLIES FOR NUTRITION, BUT USING METRIC STANDARDS TO MEASURE THE INGREDIENTS REINFORCES THE MATH SKILLS. HEALTH EDUCATION CAN BE FUN TO THE STUDENTS AND ALSO INSTRUCTIONAL IN OTHER SUBJECTS.

THIRTY-THREE STATES HAVE PLANNING GUIDES, FRAMEWORK GUIDES OR CURRICULUM GUIDES IN HEALTH EDUCATION. FORTY-NINE

STATE EDUCATION AGENCIES HAVE A PERSON FORMALLY DESIGNATED AS A HEALTH EDUCATION SPECIALIST, ALTHOUGH OFTEN TIMES THESE TEACHERS HAVE ADDITIONAL RESPONSIBILITIES, SUCH AS PHYSICAL EDUCATION.

THERE HAS BEEN A SIGNIFICANT INCREASE IN UNDERGRADATE PROGRAMS IN HEALTH EDUCATION AND NOW OVER 300 UNIVERSITIES OFFER A MAJOR IN THIS IMPORTANT AREA. OUR TEACHERS HAVE TO BE TRAINED TO ASSIST THE STUDENT POPULATION IN FORMULATING GOOD HEALTH HABITS, BUT AS IMPORTANT, IN DETECTING POTENTIAL PROBLEMS - ESPECIALLY WITH ABUSES IN ALCOHOL AND DRUGS.

RECENTLY, A MINISTER OPENED HIS SERMON BY SETTING TWO GLASSES ON THE PULPIT BEFORE HIM, EXPLAINING THAT ONE HELD WATER AND THE OTHER AN ALCOHOLIC BEVERAGE. AS HE TALKED, HE DROPPED A LARGE WORM INTO THE GLASS OF WATER. THE WORM SWAM ABOUT HAPPILY WHILE THE MINISTER ORATED. MIDWAY IN HIS SERMON, HE REMOVED THE WORM FROM THE WATER, AND DROPPED IT INTO THE OTHER GLASS. THE WORM SQUIRMED, THEN STIFFENED AND FLOATED BELLY UP TO THE TOP...DEAD.

"NOW", SAID THE MINISTER, "WHAT DO WE LEARN FROM THAT SIMPLE DEMONSTRATION?"

A LUSTY VOICE FROM THE FRONT PEW RESPONDED, "IF YOU DRINK BOOZE, YOU WON'T HAVE WORMS!"

GOING BACK TO THE STATISTICS I QUOTED EARLIER, WE ARE SEEING A SIGNIFICANT INCREASE IN ALCOHOL AND DRUG ABUSE IN OUR TEENAGE POPULATION. SCHOOLS RECOGNIZE THE POTENTIAL PROBLEM, AND WORKING THROUGH LOCAL MENTAL HEALTH UNITS, HAVE COUNSELLORS IN MANY OF THE SCHOOLS. ONCE A PROBLEM HAS BEEN IDENTIFIED, THESE COUNSELLORS WORK WITH THE STUDENTS AND EDUCATORS, AND PROVIDE COUNSELLING IN FAMILY SESSIONS TO COMBAT THE ABUSES IN THESE TWO AREAS.

AS YOU ALL ARE AWARE, MRS. REAGAN IS MOST INTERESTED IN DRUG AND ALCOHOL ABUSES AND JUST THIS PAST WEEKEND APPEARED ON THE TELEVISION SITUATION COMEDY, "DIFFERENT STROKES". WHAT IS THIS WORLD COMING TO WHEN OUR FIRST LADY APPEARS ON A COMEDY PROGRAM? WELL, I THINK IT DEMONSTRATES HER COMMITMENT TO THE YOUTH OF AMERICA AND HER RECOGNITION OF THE HEALTH PROBLEMS IN OUR CHILDREN'S ENVIRONMENT. DURING THE PROGRAM, MRS. REAGAN QUESTIONED THE SIXTH GRADE STUDENTS ABOUT THEIR USE OF DRUGS IN SCHOOL. SHE WAS ASKED WHETHER SHE WAS SPEAKING ABOUT "HARD DRUGS" OR "SOFT DRUGS". SHE EXPLAINED THAT ALL DRUGS WERE BAD REGARDLESS OF THE SUBSTANCE AND THE TERM "HARD" OR "SOFT" WAS MISUSED.

I AM SURE THIS PROGRAM HAD QUITE AN IMPACT ON MANY ELEMENTARY STUDENTS WHO REGULARLY WATCH THE PROGRAM. FOR ONCE ON TELEVISION, THEY WERE NOT SEEING DRUGS, ALCOHOL, OR CRIME GLAMORIZED. TOO OFTEN THIS IMPRESSION IS GIVEN.

AS YOU HAVE ALREADY HEARD, SECRETARY BELL HAS COORDINATED WITH SECRETARY HECKLER TO PROMOTE A TEENAGE DRUG AND ALCOHOL CONFERENCE WHICH WILL BE HELD THIS WEEKEND HERE IN WASHINGTON. IT IS HOPED THAT THROUGH THIS ENDEAVOR TEENAGERS ATTENDING THE CONFERENCE WILL GO BACK TO THEIR SCHOOL DISTRICTS AND INITIATE PROGRAMS IN THEIR SCHOOLS WITH THE COOPERATION OF THEIR PARENTS AND COMMUNITY ORGANIZATIONS TO PREVENT AND TO CORRECT THE ABUSES OF ALCOHOL AND DRUGS.

SCHOOLS AND EDUCATORS ARE JOINING TOGETHER TO SEE THAT OUR CHILDREN RECEIVE HEALTH EDUCATION. I COULD GO ON CITING MANY MORE PROGRAMS, BUT YOU WILL BE SHARING MUCH MORE INFORMATION YOURSELVES TODAY AND TOMORROW.

THE ADMINISTRATION IS COMMITTED TO ENCOURAGING CONSTRUCTIVE HEALTH AWARENESS, AND THE FEDERAL GOVERNMENT WILL CONTINUE TO DISSEMINATE INFORMATION TO THE SCHOOLS ON HEALTH EDUCATION. IT IS THROUGH THE RESPONSIBILITY OF LOCAL SCHOOL DISTRICTS -- JOINING AND COOPERATING WITH THE PARENTS -- TO SEE THAT OUR YOUTH ARE EDUCATED IN THIS IMPORTANT AREA. WE DO NOT NEED MORE PROGRAMS. WE HAVE TO UTILIZE THE PROGRAMS IN EXISTENCE AND ORGANIZE THE RESOURCES WITHIN OUR COMMUNITIES TO IMPROVE HEALTH EDUCATION.

AS PRESIDENT REAGAN HAS STATED MANY TIMES, "OUR GREATEST NATURAL RESOURCE IN THE UNITED STATES IS OUR YOUTH OF TODAY". WE MUST INSURE, AS EDUCATORS, THAT OUR YOUTH

HAVE GOOD ATTITUDES ABOUT THEIR HEALTH, THEIR ENVIRONMENT, AND THE SOCIETY IN WHICH THEY LIVE. WE CAN THEN LOOK TO THE FUTURE BUILDERS OF OUR NATION AND BE ASSURED THEY HAVE A HEALTHY BODY AND A SOUND MIND -- THE ESSENTIAL ELEMENTS FOR THE SELF-ESTEEM NECESSARY FOR OUR YOUNG PEOPLE TO ASSUME THE RESPONSIBILITIES OF A PRODUCTIVE LIFE.

MURL W. ANDERSON

ADDRESS TO:

INTERAGENCY MEETING ON HEALTH
PROMOTION THROUGH THE SCHOOLS

WASHINGTON, D.C.

MARCH 25, 1983

Good Morning & Thank you...

I am very pleased at having the opportunity to address you here today. I certainly benefitted from being here yesterday. My school district is the width of the entire Nation from Washington and it is a rare experience for me to be in the Capitol of this great American democracy.

Of far greater importance than the opportunity to visit Washington, however, it is the opportunity and challenge to bring you a message from the perspective of a public school superintendent. I suppose that in the language of grants and regulations, I am the voice of an "LEA". Be that as it may, please be reminded that I <u>am</u> an American public school superintendent with heavy responsibility to deliver programs and services to real people upon whom we will rely for the continuation of the greatest of all Nations.

It may be helpful for you to understand that I will frequently use the pronoun "you" in my comments. "You" refers to the various Federal Departments and Agencies represented at this conference. I should point out, as a matter of cushioning, that many of my comments will represent stark disagreement with some of the earlier speakers including Secretaries Bell and Heckler and Mr. Carlson from President Reagan's office.

There are several messages that I want to leave with you. Possibly the most important single message is to tell you, to assure you, beyond any doubt, that what you do here in Washington, D.C., as removed as it may at times seem, is vitally important to us who direct the operation of local schools. Believe me, we know that and we want you to know that.

What you do <u>is</u> important. <u>How you do it</u>, how you deliver the services and the resources necessary to provide the services, is even more important.

I remind myself and my staff regularly that every single decision we make has to be based on what is good for boys and girls. Every decision has to stand the test of what did it do for the young people we serve. As strange as it may seem, we sometimes lose that perspective. <u>You</u> need to know that what you do and how you do it must stand the measure of what it does for the local school district and for the young people <u>they</u> serve. Please, no matter how removed and remote you may sometimes feel, here the "center of bureaucracy," know that what you do and how you do it is critically important to us.

Now, having said that, I am going to address the following topics:

1. The recent growth of health education in the United States.
2. The role of the Federal Government in health education and health promotion.
3. Funding from the Federal Government to local school districts, and
4. A quick look at the Nation's health goals for the decade ahead.

All in less than 30 minutes.

1. First, the growth of Health Education in the United States.

I need to briefly describe what I mean when I say "health education." I am speaking from a local school district view. A point of view from Roseburg, Oregon. Health education, health promotion, and physical fitness are not separable. In an educational sense, we cannot remove one from the other nor should we try. In that context, I am talking about...

a. Knowledge

Knowledge is vital — and a key. But knowledge does not necessarily transcend into lifestyle or into a set of habits and attitudes (explain). Therefore, we add the following key words and phrases to the definition health education.

b. Behavior — immediate and lifetime.

c. Attitudes

d. Wellness

e. Lifesytle

f. Prevention - Safety
Stress Management/Coping
Risk Factors

g. Fitness

h. Addiction

i. Nutrition

j. Human Relations

These topics are nealy all overlapping but, together, they paint a picture of what I mean when I use the term "Health Education." It will be helpful if you keep that in mind.

I am proud of the work we do in our local school district. We have active committees in all curricular areas. I have here a memo dated, March 9, 1983. It is important that it summarizes and makes record of the health education committee's work to that date. There are key words and phrases. Let me read some. (Read from Scott Mutchie's Memo)

In the Western United States, particularly in the rural and semi-rural areas, which is nearly all of the Northwest, the four areas of greatest educational growth in the last decade, in rank order, are:

1. Education for the Handicapped.
2. Health Education (As I define and describe it.)
3. Vocational and Career Education.
4. Basic Skills Achievement Levels

That is correct — only education for the handicapped has surpassed and grown faster than health education. Many comments were made yesterday about the need to grow and improve.

I agree with those comments — but I can tell you, we are on the move in Oregon!

We are on the move. We are doing things right, and we cannot stop now. But, we need help. Your help! That leads to my second topic...

2. The role of the Federal Government in health education and health promotion at the local school level.

I have told you that what you do is important, and I have told you that how you do what you do is important.

I listened yesterday to some interesting and informative presentations by the various departments of Federal Government on the efforts they are making toward health education and health promotion. The programs, activities, and efforts are, indeed, impressive.

I listened to descriptions of the hinderances from state and local education agencies that keep some of these programs and services from the Federal level from beirg as successful as they could be.

I learned from these presentations. Believe me, I understand and I appreciate. I can be helpful.

At the risk of over generalizing, let me point out that we need your assistance and support. We need to be partners. We are in this together — but we do not need you to try to do our job for us!

There are state and local models which are effectively providing health education, health promotion, and health services. The wheel does not need to be re-invented.

You can look to Oregon for that model. Yesterday, Stan Kruger referred to Oregon as one model of state and local effectiveness. I was pleased with that.

You can also look to Washington, Idaho, Kansas, Wisconsin and West Virginia for effectiveness of that and similar models. I am certain that these models are by no means the only effective ones in our Nation.

In a more specific manner, I want to list some "needs and nonsense" that we see from the level of Federal Government.

First, Nonsense —

* Secretary Heckler, Secretary Bell and others, in their comments yesterday referred to the plight of unwed mothers and teenage pregnancies as a national health problem.

That is a problem and we at the local school level are far more aware of that than you are here in Washington.

At the same time, we see the "SQUEAL rule" on contraceptives being fostered at the Federal level — at the Presidential level!

The "SQUEAL rule" is sociological and health promotion nonsense. Advocates of the rule cannot be advocates of health education as I have defined it.

More nonsense —

* [redacted] We were reminded yesterday that the U.S. Department of Agriculture is really into school nutrition — school lunches. The success of the school lunch program, with due credit to the Department of Agriculture, is documented. Now, the "Nonsense."

In the past two years, the Department of Agriculture, with support of the Executive branch has proposed or effected the following:

a. Catsup can count as a vegetable.

b. Tofu can substitute for hamburger.

c. Food portions are to be reduced.

d. The level of income eligibility to qualify for free and reduced lunches has been raised — and at a time of high unemployment when the need is the greatest.

e. Local schools are expected to verify and account for the validity of all claims for free and reduced lunches.

At the same time, the Federal Government is spending 8 times as much to subsidize pentagon dining as it spends for school lunches.

NONSENSE, UTTER AND STUPID NONSENSE!!

More Nonsense —

You and Federal officials at the highest levels must realize and understand that people cannot be scared into good health practices or a healthy lifestyle. Secretary Heckler's comments yesterday in reference to alcohol use, especially for teenagers, were shallow and centered on guilt and scare.

Health education and promotion by guilt and scare tactics is nonsense.

Where are our priorities? Who sets those priorities? How do you help? How do we get together?

Now, needs and suggestions (I am still discussing role of Feds) I will deal with eight main areas:

1. We need your assistance in the coordination and the consolidation of programs and efforts. While we understand and appreciate the diversified efforts, how nice it would be if we, at the local level, could look to one — or at the most a few agencies, for direction and assistance. Could health services and health education at the Federal level be better coordinated? It must be. Let's keep trying!
2. Teacher Preparation.

   As much as anything, we need more qualified teachers. Things have changed and are changing...

   - My experience - (Knowledge)
   - Inservice (young)
   - Loans - (categorical)

3. Dissemination of information —
   - Demographic
   - Statistical
4. Identify promising practices (Nationwide)

Unfortunately, in most areas health education as I have described it is not a high priority. Survival, day-to-day operation, and lower local taxes are the priorities. Funding categorically earmarked for health education and health promotion can make a difference.

As "Feds", I want you to know that we can, do, and have used categorical grants to significantly improve specific portions of our school programs and services. I do not believe that the use of block grants will be measurably successful, other than to reduce local support. "Supplant" rather than "supplement" will be the rule.

The administration's position on block grants over categorical grants, as expressed by Mr. Carlson this morning, is naive and misleading. It ignores political reality. In fact, it is a camouflage to reduce Federal spending by shifting responsibility for services and programs to the local and state level without economic aid. In the meantime, tax dollars flow to the U.S. Government in an ever increasing amount and the defense budget goes higher —— surpassed only by the growth of the National deficit.

The Federal Government's greatest positive influence, I believe, will be through legislation and the provision of categorical entitlements and grants.

4. And lastly,

A quick look at the Nation's health goals for the next decade.

Yesterday, Dr. McGinnis displayed specific health goals for the next decade or two. I won't repeat them or list them, again. I subscribe to those goals as being worthy for my local district and the Nation.

I want us all to know that they are critically important to any united effort toward health education and health promotion. I urge you, as you continue this conference, to review those goals and relate them to your efforts.

Good will come from this conference. Much good.

If we can somehow take all of our beliefs and philosophies — all of our commitments — all of our intentions — and use all of our combined resources to achieve the health goals listed by Dr. McGinnis — we, our youth, and this great Nation of ours will all be winners.

The State Perspective of the Federal Role in School Health Promotion

Address Presented* at the Interagency Meeting on Health Promotion through the Schools
Washington, D.C.
March 25, 1983

The federal government set the tone of federal, state and local health promotion initatives with the publication of Healthy People in 1979. This benchmark publication broke ground in this country by outlining a comprehensive review of factors influencing individual health. Its approach to the importance of lifestyle and personal responsibility for health set the course for health promotion activities across the country.

Healthy People provided a common definition for health programs including health promotion. "Health promotion begins with people who are basically healthy and seeks the development of community and individual measures which can help them to develop lifestyles that can maintain and enhance the state of well-being." (pg.119)

Healthy People also set priorities for the federal government and encouraged state governments to do the same. "Federal and State governments have other important responsibilities in disease prevention and health promotion: to provide leadership in setting

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Healthy People, The Surgeon General's Report on Health Promotion and Disease Prevention, 1979.

priorities and goals for prevention activities; to help expand the knowledge base through research and data collection; to assure that preventive services are provided to high risk groups on a priority basis; to determine and enforce health and safety standards protecting people; and, if necessary, to provide economic incentives to encourage health and safety.

"The importance of local governmental units to successful prevention programs is unquestioned. The past successes of prevention and public health have been predominantly community based." (pg.144)

Key to this concept is the phrase "provide leadership in setting priorities and goals." It is acknowledged that the best programs are locally operated and community based. The federal and state role is most effective in determining the desired outcomes and then helping to meet these goals through consultation and leadership.

The federal government cannot expect to just outline the goals and objectives for health promotion without providing some degree of financial support. Federal dollars are an investment which pay dividends across the board. I was particularly pleased to read Marsh Kreuter's 1982 report on "The Multiplier Effect" on the effect of federal health promotion dollars in the states. He has begun the documentation of the payoffs we see with federal support on the local level.

He notes that one measure of success in a program might be reflected in the spinoffs or other programs which were influenced or funded locally after federal dollars were made available.

He concludes in a study of 28 states and one territory, "the Federal investment of $12 million realized a 31 percent increase in health promotion 'profits.' In other words, the CDC Health Education - Risk Reduction program generated nearly $4 million worth of new health promotion activity; most of it was funded by the private or volunteer sectors of the society."

But, if state and local programs are to show that type of growth and ability to generate resources and money from other areas, they must be creatively administered. They must also provide flexibility so that local needs can be addressed. They must also recognize that they cannot go it alone. It will require a combination of resources in order to see those types of gains.

I have stressed to my staff that we must look to cooperative efforts with other agencies, both private and public, in order to maximize our resources and abilities to maintain, and hopefully expand, our program levels.

This type of cooperation is self-evident if health promotion programs are to be effective in the schools. In Utah we have been able to develop and foster good rapport between Health and Education, to the mutual benefit of both agencies and the state's student population.

School health promotion activities should be incorporated into the student's world of activities and relationships. It cannot be an abstract concept of "good" things to do for health. To be meaningful it cannot be dropped on the student "out of the blue,"

but must be related back to his or her own life, peer group, family and personal interests and concerns. I feel the programs we have used in Utah succeed in this area.

Utah Smoking Risk Reduction and Intervention Project

A showcase for effective health promotion activities in the public schools is the Utah Smoking Risk Reduction and Intervention Project. This project is funded through the Centers for Disease Control. I was very pleased to see that the CDC has named the Utah program as a model program for replication in other states.

The main thrust of this program is to prevent, or at least delay the onset of smoking. The Utah Department of Health has developed a program to identify and affect often neglected variables that influence youth smoking behavior. Approximately 230 Utah teachers in thirteen school districts have attended an eight hour smoking cessation workshop conducted by our Bureau of Health Promotion/Risk Reduction. The target population consists of fifth and sixth grade students, over 15,000 of whom have been involved in the project. The 1982-83 budget for this program is $73,000.

The first component of the curriculum is health information. Students learn about the cigarette's role in the later development of cancer, emphysema and heart disease. A much greater emphasis, however, is placed on the immediate health, economic, aesthetic and social effects of inhaling a single cigarette.

The second component of the smoking curriculum is resistance to persuasion. Students are taught which ways most effectively reduce or counter peer pressure to smoke. Students learn a variety of appropriate responses and then practice resisting peer pressure in classroom role play situations. Research indicates that students exposed to this type of structured peer pressure are more resistant to real pressure in the outside world.

The final conponent of the smoking curriculum is decision making skills. Students are taught generic decision making skills they can use in making non-smoking related decisions. After students have learned this process they apply their knowledge to the personal issue of smoking. Students trained with these skills typically identify more social, economic, aesthetic as well as health reasons for not smoking than do students who receive traditional curricula.

Other measurable outcomes of the program include increased knowledge about the immediate health consequences of smoking and an increased ability to recall, identify, and use skills to resist peer pressure to smoke.

"If You Want To Dance"

Another health promotion program used in schools, as well as local health departments and civic and church groups in Utah is a film produced by the Utah Department of Health. This film has also received national recognition. It was named as the best public education film of 1982 by the Public Relations Society of America.

The film, "If You Want To Dance..." was funded in part by a Department of Health and Human Services family planning grant. Other fundings came from the Division of Family Health Services Maternal and Child Health Program. One of the film's main objectives is to impress upon the young man that a pregnancy is a shared responsibility with the young woman.

Before the script was written, over 100 teenagers were interviewed on their perceptions of teen pregnancy and male/female responsibility. Parents were also interviewed. Drafts of the script were also reviewed by teenagers for authenticity and credibility. This is part of what I mentioned earlier about relating the health promotion activity directly to the world of the target audience; in this case teenagers. A discussion guide is also used with the film to follow-up on the points made in the film.

The 15-minute film cost approximately $35,000; it took about two years of total production time, including extensive review by community and religious groups during the final editing.

Family Health Trees

We are just launching a new program in the schools which will look at the genetic tendencies for disease of Utah families. The program has received a three year grant of $93,000 from the private Thrasher Foundation and is being done in conjunction with the University of Utah Medical Center Medical Genetics Program.

The Family Health Tree project is patterned after a similar program being used by Baylor University in Texas. The first phase is to have special inservice training for health teachers who will present a short introductory curriculum about inherited tendencies to their 10th grade health education classes. As part of their class homework assignment, students will take the Family Health Tree home to their parents and work together to fill out the information to complete the Family Health Tree. The Health Tree asks health information about the family including parents, blood-related aunts and uncles and grandparents. The Utah form will also ask questions about excess weight and amounts of exercise.

The students will transfer information from the completed health trees to computer scanner sheets similar to those used for apitude tests or college entrance exams. Once the scanner forms are completed, they are returned to the University for computerized analysis. The parents of the participating students will then receive a personalized evaluation of their Family Health Tree.

Those families who are identified as being at high risk will recieve a personal contact from a local health department representative. The families will be referred to their private physicians and other community health resource for intervention. Families with low genetic risk will be given general lifestyle counseling and be encouraged to avoid general health hazards such as smoking, sedentary lifestyle and excess weight gain.

This program is exciting because it involves the cooperative efforts of a private funding source, the University of Utah, the Utah Department of Health, the state's schools, local health departments and private physicians.

TARRP

Another extremely successful school risk reduction program is TARRP or the Timpanogos Tobacco-Alcohol Risk Reduction Project. TARRP was originally funded by a CDC categorical grant in September, 1980. TARRP was intended to be a four-year replication study of the Seattle "Here's Looking at You" curriculum project. The curriculum emphasizes decision making skills, resistance to persuassion, good self concept, alternative highs and alcohol-tobacco information. TARRP is being taught in over one hundred Utah schools. The current budget is $82,000 with a reduction to $50,000 in the next fiscal year.

TARRP consists of an intensive two-day teacher inservice training. Curriculum materials are circulated to these trained classroom instructors. Evaluation of the teacher workshops showed significant increases in teacher knowledge and interest in alcohol and tobacco education. Over four hundred teachers and administrators have been trained. Ninety-eight percent of participants rated the workshops as "good" or "excellent." Over eighty percent of the teachers who have been trained in TARRP utilize the curriculum. The student's average contract time with the curriculum is ten hours. Nearly 10,000 students have been involved in TARRP.

During the 1980-81 school year, participating students were pre- and posttested and contrasted with control groups. Students in the experimental TARRP program showed significant gains in alcohol and tobacco knowledge.

The strength of TARRP lies in its maintenance system. Teachers are contacted yearly by telephone and quarterly with a newsletter. The TARRP staff brings curriculum materials to individual teachers in the four school districts. This personal contact has resulted in the extremely high usage rate. It is easy to develop a good curriculum. The challenge is to develop a system that keeps the curriculum implemented. The TARRP staff have mastered the logistical problems of program maintenance.

Summary

These programs represent a sampling of the types of health promotion activities we are doing in Utah involving the schools. The role of the federal government has been in providing "financial incentives" as well as leadership in many of these areas. We have also taken the initiative ourselves by expanding into other areas and tapping other resources as well.

Key to this type of work is the close cooperation between all agencies involved. When "turf" becomes involved, progress is blocked. Communication must be kept open between agencies. Cooperation leads to the best results in order to maximize the amount of resources available. We cannot afford to let process problems block outcomes.

From a state perspective, we will continue to look to the federal government for funding, for general national policy (with input from the states) and for coordination of such efforts throughout the nation. I think the states need to look very carefully, however, at their own houses to see where they can improve and encourage greater cooperation between private and public agencies. The success of the Utah programs can be traced to the calibre of our staff, their ability to locate funding from public or private sources, program design and their work with other agencies toward a common goal.